

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Substitute for Form PTO-875

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.	Application or Docket Number <b>10-788741</b>
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### CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
<b>BASIC FEE</b> (37 CFR 1.16(a))		
<b>TOTAL CLAIMS</b> (37 CFR 1.16(c))	minus 20 =	
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(b))	minus 3 =	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		(37 CFR 1.16(d))

SMALL ENTITY

OR

OTHER TH/ SMALL ENTI

RATE	Fee
	\$
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	
	\$
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL

OR

TOTAL

### CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	**	=
Independent (37 CFR 1.16(b))	Minus	***		=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER TH/ SMALL ENTI

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	A T I
X \$ _____ =	
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	** 24	= 10
Independent (37 CFR 1.16(b))	Minus	*** 3		= —
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	A T I F
X \$ 50 =	500
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	500

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	Minus	**	=
Independent (37 CFR 1.16(b))	Minus	***		=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b> (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	A T I F
X \$ _____ =	
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.